

**VIRGINIA RISK-CONTROL INSTITUTE**  
**Application For Enrollment**  
**To register: Complete Form and fax to 804-786-8840**

I would like to apply for acceptance into the VRCI Fall, 2016 section.

- \_\_\_\_\_ RC-2: Incident Investigation & Analysis  
August 22 and 23 - Monroe Building; September 13 and 14 - remote, October 18 and 19 - remote;  
November 7 and 8; - Monroe Building;
- \_\_\_\_\_ RM-4: Managing Cyber Risk  
August 23 and 24- Monroe Building; September 20 and 21 - remote; October 11 and 12 - remote;  
November 15 and 16- Monroe Building

Applicant's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Agency: \_\_\_\_\_

Mail Address: \_\_\_\_\_

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 Years of College: 1 2 3 4 5+

If you did not complete high school, do you have an earned high school equivalency diploma (GED)?

\_\_\_\_ Yes \_\_\_\_ No

Number of employees in the agency or division for whom you are responsible for safety, workers' compensation, and/or risk management? \_\_\_\_\_

Percentage of time spent involved with safety? \_\_\_\_\_% workers' compensation \_\_\_\_\_%, risk management \_\_\_\_\_%

Is your agency/institution insured by DHRM's Workers' Compensation Services? Yes No

Is your agency/institution insured by the Division of Risk Management? Yes No

If so, what insurance does your organization buy from DHRM/OWC or TRS/DRM?

\_\_\_\_\_

Briefly state how you and your agency/local government will benefit from this class:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that I cannot miss any classes and that this is a college level class requiring considerable personal study and project time.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that the above named employee will be required to be away from work on eight (8) days during a six-month period. I will not interrupt class or in any way limit his/her attendance on these dates. If the employee fails to complete the course, I understand that my agency may be responsible for repayment of the tuition fee.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Name (please print) \_\_\_\_\_

Supervisor's email address \_\_\_\_\_